



OWNER SURRENDER FORM

Owner's Name: [] Phone Number: []

Address: []

Driver's License State/Number: [] Date of Birth: []

Animal's Name: [] Age: [] Sex: [] Male [] Female Altered? [] Yes [] No

Species: [] Breed: [] Brief Description: []

Why are you surrendering this animal? []

Does this animal have any health issues you are aware of? []

Has this animal been housed with : [] Dogs [] Cats [] Other small animals [] Children

Would you recommend this animal to go to a household with: (check all that apply) [] Other Dogs [] Cats [] Other small animals

[] Senior Citizens [] Children under 10 [] Children under 5 [] No children [] None Listed Other: []

Is this animal house trained : [] Yes [] No Has this animal ever bitten anyone and broken the skin? [] Yes [] No

Does this animal have any obedience training? : [] Yes [] No Did you walk this animal on a leash?: [] Yes [] No

When you leave your pet alone he/she is: [] In a crate [] In the yard [] Free access to house [] Restricted house access

When left alone without restriction he/she is: [] Mostly without incident [] Destructive [] Barks/cries [] Has separation anxiety

[] Is never allowed access to the house unsupervised

Has this animal ever been: (check all that apply) [] Aggressive towards cats [] Toy aggressive (dogs or people)

[] Aggressive towards a person [] Aggressive with other dogs [] Food aggressive (dogs or people)

Veterinarian Clinic Name: [] Veterinarian Phone Number: []

Rabies Vaccination Expiration Date: [] Tag Number: []

RELEASE OF CUSTODY

I the undersigned do hereby release the above-mentioned animal into the custody of the Town of Addison Animal Control. I also understand there is a chance this animal may be euthanized, and I verify that this animal has not bitten anyone in the past 10 days

Signature: [] Date: []

TOWN OF ADDISON USE ONLY

Fee: []

Comments: [] Approved by: []